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Bib Data Sheet

CONFIRMATION NO. 1237

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/747,168 | <b>FILING OR 371(c) DATE</b><br>12/21/2000<br><b>RULE</b> | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>2154 | <b>ATTORNEY DOCKET NO.</b><br>005217.P021 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/224,736 08/10/2000

Yes JWC

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

No

JWC

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/09/2001

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>WA | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged <u>AW JWC</u><br>Examiner's Signature Initials   |                               |                            |                           |                                |

**ADDRESS**

60539

**TITLE**

System and method to manage participant input for an interactive show

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1090 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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